Underground Storage Tank #98081

JS
C 10589
U 8273

Check those activities which apply:
- ☐ Tightness Testing Checklist
- ☒ Retrofit/Repair Checklist
- ☐ Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. **Complete this form and the corresponding UST checklist for each activity checked above.**

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: 601-150-655 (UBI # from Master Business License) Site ID Number: B037G029 (Available from Ecology if tank is Registered)

RECEIVED MAY 14 1998 ECOLOGY

Site/Business Name: Big B Mini Mart

Site Address: 1611 Canyon Rd. Kittitas (Street, County)
Ellensburg, WA 98926 (City, State, Zip+4 (required))

Telephone: 509.925.5721

UST Owner/Operator: BIG B MINI MART DBA GURMIT S. KAILA

Mailing Address: 1611 CANYON ROAD (Street, P.O. Box)
ELLENSBURG WA-98926 (City, State, Zip+4 (required))

Telephone: 509-925-5721

2. FIRM PERFORMING WORK

Service Company: Ulrich Ind. Coatings Co.

Service Co. Address: P.O. Box 772 (Street)
Hillsboro, OR 97123-0772 (City, State, Zip+4 (required))

Certified Supervisor: W. Mike Fretwell

Address: P.O. Box 772 (Street, P.O. Box)
Hillsboro, OR 97123-0772 (City, State, Zip+4 (required))

IFIC Certification Number: 1039436-25 Certification Issue Date (Month/Year): 02/97

Telephone: 503.648.9587

Ecology is an equal opportunity and affirmative action employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

Site ID # B037G029
Site Address 1611 Canyon Rd.
City Ellensburg

Underground Storage Tank

Retrofit/Repair Checklist

This form must be completed for each UST system (tank and associated piping) retrofitted or repaired at the site.
For more than four UST systems, you may photocopy this form prior to completing.

I. UST SYSTEM INFORMATION

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)	3			
2. Date installed	8-1-79			
3. Tank capacity in gallons	4K			
4. Tank material: (specify for each tank) (Steel) Composite Fiberglass (FRP) Other (specify)	✓			
5. Tank construction (specify for each tank) (SW) single wall (DW) double wall (P) partitioned	✓			

II. RETROFITTING/REPAIR INFORMATION

	Tank 1	Tank2	Tank 3	Tank 4
1. **Reason for retrofitting UST system** (indicate all that apply)				
To comply with upgrading requirements for existing UST systems	✓			
To repair structural defect(s) in tank				
Preventive maintenance				
To comply with corrective action requirements				
Other (describe)				
2. **Type of retrofitting** (indicate all that apply)				
Installation of internal lining: Rubber •				
Alkyd •				
Epoxy •	✓			
Phenolic •				
Glass •				
Other (specify) •				
Installation of spill and overfill prevention equipment Catchment Basin •	✓			
Auto Shutoff•	✓			
Overfill Alarm •				
Ball Float Valve •	✓			
Other (specify) •				

Site ID # B037G029

Site Address 1611 Canyon Rd.

City Ellensburg

Retrofitting/Repair Checklist (continued)

II. RETROFITTING/REPAIR INFORMATION (continued)

	Tank 1	Tank 2	Tank 3	Tank 4
2. Type of retrofitting *(indicate all that apply)*				
Installation of release detection equipment				
Automatic tank gauge (ATG) •				
Vapor monitoring equipment •				
Groundwater monitoring equipment •				
Interstitial monitor •				
Automatic line leak detector •	✓			
Other (specify) •				
Tank repair *(describe)*				
• Replacement of metal pipe sections and fittings (indicate new piping material)				
• Replacement of fiberglass pipe sections and fittings (indicate new piping material)				
• Repair of fiberglass pipe sections and fittings				
• Other (specify)	Epoxie	Line int		
3. Date of Completion of retrofit or repair(s) indicated above	4.23.98			
4. Date of Tightness Test following retrofitting or repairs indicated above				

III. CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears below.	Yes	No	N/A
1. Have all items checked above been installed, repaired or replaced per code and manufacturer's requirements and in accordance with federal and/or state regulations?	WMF		
2. Has the owner/operator been provided with written documentation of the item(s) installed, repaired or replaced?	WMF		

IV .REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present on site during the above listed retrofitting/repair activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date	Signature of Certified Supervisor	Print or Type Name
4-23-98	WM Fretwell	WM Fretwell
5-8-98	Gurmit Sik Kaila	GURMIT S. KAILA

Date — Signature of Tank Owner or Authorized Representative — Print or Type Name

C 10589 ds
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Underground Storage nk

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Check those activities which apply:
- ☐ Tightness Testing Checklist
- ☐ Retrofit/Repair Checklist
- ☒ Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. **Complete this form and the corresponding UST checklist for each activity checked above.**

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: 601-150-655 (UBI # from Master Business License)
Site ID Number: B037G029 (Available from Ecology if tank is Registered)

Site/Business Name: Big B Mini Mart

Site Address: [redacted] 1611 Canyon Rd (Street)
Ellensburg (City) WA (State) 98926 (County) (Zip+4 required)

Telephone: (509) 925-5721

UST Owner/Operator: Kaila Gurmit

Mailing Address: Same as Above (Street / P.O. Box)
(City / State / Zip+4 required)

Telephone:

RECEIVED
JUN 19 1998
ECOLOGY

2. FIRM PERFORMING WORK

Service Company: Norton Corrosion Limited

Service Co. Address: 8820 222nd Street SE (Street)
Woodinville WA 98072 (City / State / Zip+4 required)

Certified Supervisor: Kurt Hayashida

Address: Same as above (Street / P.O. Box)
(City / State / Zip+4 required)

IFIC Certification Number: 99345
Certification Issue Date (Month/Year): 06/96

Telephone: 425-483-1616

Ecology is an equal opportunity and affirmative action employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

e ID # B037G029
Site Address 1611 Canyon Rd.
City Ellensburg, WA 98926

Underground Storage Tank

Cathodic Protection Checklist

The information provided in this section should reflect the UST system after the completion of cathodic protection installation or retrofit. Provide the following information for each tank that is cathodically protected with impressed current or sacrificial anodes. For more than four UST systems, you may photocopy this form prior to completing.

I. UST SYSTEM INFORMATION

Unleaded Plus Diesel 1 Super/Diesel 2

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)	1	3	2	4
2. Year tank installed	1993	1998	1993	1990
3. Tank capacity in gallons	10000	4000	10000	12000
4. Tank material	Steel	Steel	Steel	Steel
5. Tank coating	yes 1993	yes 1998	yes 1993	STIP
6. Piping construction material	Steel	Steel	Steel	Steel
7. Piping coatings	Steel	Steel	FIBER GLASS	FIBER GLASS
8. Year catholic protection installed	1989	1989	1989	1990

II. CATHODIC PROTECTION INFORMATION

	Tank 1	Tank 2	Tank 3	Tank 4
1. **Type of Cathodic Protection** *(check box)*				
Sacrifical Anode (Galvanic)				✓
Impressed Current	✓	✓	✓	
Check Box(es)				
2. **Type of cathodic protection activity performed**				
• Installation of new catholic protection system				
• Retrofitting of existing catholic protection system				
• Repair of existing catholic protection system				
• Testing	✓	✓	✓	✓
Other (describe in space below)				
3. **Completion date of activity checked above**	5-31-98	5-31-98	6-31-98	5-31-98

Site ID # B037 G029
Site Address 1611 CANYON RD
City Ellensburg WA 98926

Cathodic Protection Checklist (continued)

The following items shall be initialed by the Certified Supervisor whose signature appears below.
All of the following items shall be initialed when cathodic protection systems are installed or retrofitted.
When cathodic protection testing is done solely to evaluate the performance of existing cathodic protection systems on existing UST installations only **10, 11 and 12** are required to be initialed.

III. CATHODIC PROTECTION INSTALLATION/RETROFITTING

	Yes	No	NA*
1. If field-installed, has the cathodic protection system been designed by a person who is: 1) accredited or certified as being qualified by the National Association of Corrosion Engineers or 2) is a registered professional engineer who has certification or licensing that includes education and experience in corrosion control of buried or submerged metal piping systems and metal tanks?	☐	☐	☐
2. Are the size, type, location and installation of tank and piping anodes in the completed installation/retrofit as specified in the design plans and specifications?	☐	☐	☐
3. Have all existing anodes, anode connections and test leads been inspected and any required repairs or replacements been made?	☐	☐	☐
4. For impressed current systems, does the installed rectifier meet design specifications?	☐	☐	☐
5. For impressed current systems, has the rectifier been installed per code and manufacturer's requirements?	☐	☐	☐
6. Are the electrical connections between system components per code and design specifications?	☐	☐	☐
7. Have provisions been made for testing cathodic protection systems or tanks(s) and piping as specified in WAC 173-360-305?	☐	☐	☐
8. Has the cathodic protection system installation/retrofit been tested after being energized according to applicable criteria in the National Association of Corrosion Engineers Standard RP-02-85?	☐	☐	☐
9. Has the owner/operator been provided with written documentation of the cathodic protection system installation/retrofit?	☐	☐	☐
Cathodic Protection Testing			
10. Have all cathodic protection systems on tank(s) and piping been tested and inspected and determined to be properly operating according to applicable criteria in National Association of Corrosion Engineers Standard RP-02-85?	☑	☐	☐
11. Has the owner/operator been provided with written documentation of the results of the cathodic protection system inspection and testing?	☑	☐	☐

12. List millivolt reading for each tank. Tank #1 -1375 Tank #2 -859 Tank #3 -2520 Tank #4 -867

* Item not applicable

IV. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor responsible for the above listed cathodic protection activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date	Signature of Certified Supervisor	Print or Type Name
6-4-98	[signature]	Kurt Hayes Jr.
6-16-98	Gurmit Singh Kaila	GURMIT SINGH KAILA

Date — Signature of Tank Owner or Authorized Representative — Print or Type Name

UNDERGROU STORAGE TANK
Retrofitting/Repair Checklist

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The purpose of this form is to certify the proper retrofitting and/or repair of underground storage tank (UST) systems. (These activities shall be conducted in accordance with Chapter 173.360 WAC.) It will also be used to record any changes to information previously provided on the Notification form (ECY 020-32) for the specific UST system(s) resulting from the retrofit/repair described below.

Retrofitting and/or repair of cathodic protection systems shall be separately certified by a licensed Cathodic Protection Supervisor on the Cathodic Protection Checklist. All required tank and line tightness testing upon completion of the rerofit/repair shall be separately ceartified by a licensed tightness testing supervisor on the Tightness Testing Checklist.

This Retrofitting Checklist shall be completed and signed by a Licensed Installation and Retrofitting Supervisor. The licensed supervisor shall be on site when all retrofitting/repair activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider. If any of the activities listed below have been supervised by a different licensed supervisor, a separate checklist shall be filled out and signed by the licensed supervisor performing those activities.

For further information about completing this form please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) where retrofitting/repair activities are conducted, except that UST systems retrofitted or repaired at one site may be reported together by completing pages 3 and 4 of this form separately for each UST system. The completed checklist should be mailed to the following address within 30 days of completion of retrofit/repair:

Underground Storage Tank Section, Department of Ecology, Mail Stop PV-11, Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: Big B Mini Mart (Guremit S. Kaila)

Owners Address: 1611 Canyon Road (Street)

Ellensburg (City) WA (State) P.O. Box 98926 (ZIP-Code)

Telephone: (509) 925-5721

Site ID Number (on Invoice or available from Ecology if tank is registered): 010589

Site/Business Name: Big B Mini Mart

Site Address: 1611 Canyon Road (Street) Kittitas (County)

Ellensburg (City) WA (State) 98926 (ZIP-Code)

DEPARTMENT OF ECOLOGY UNDERGROUND STORAGE TANKS
JAN 10 1994

2. TANK RETROFITTING/REPAIR PERFORMED BY:

Firm: Tank Liners, Inc. License Number: 5000054

Address: 3410 N.W. 264th (Street)

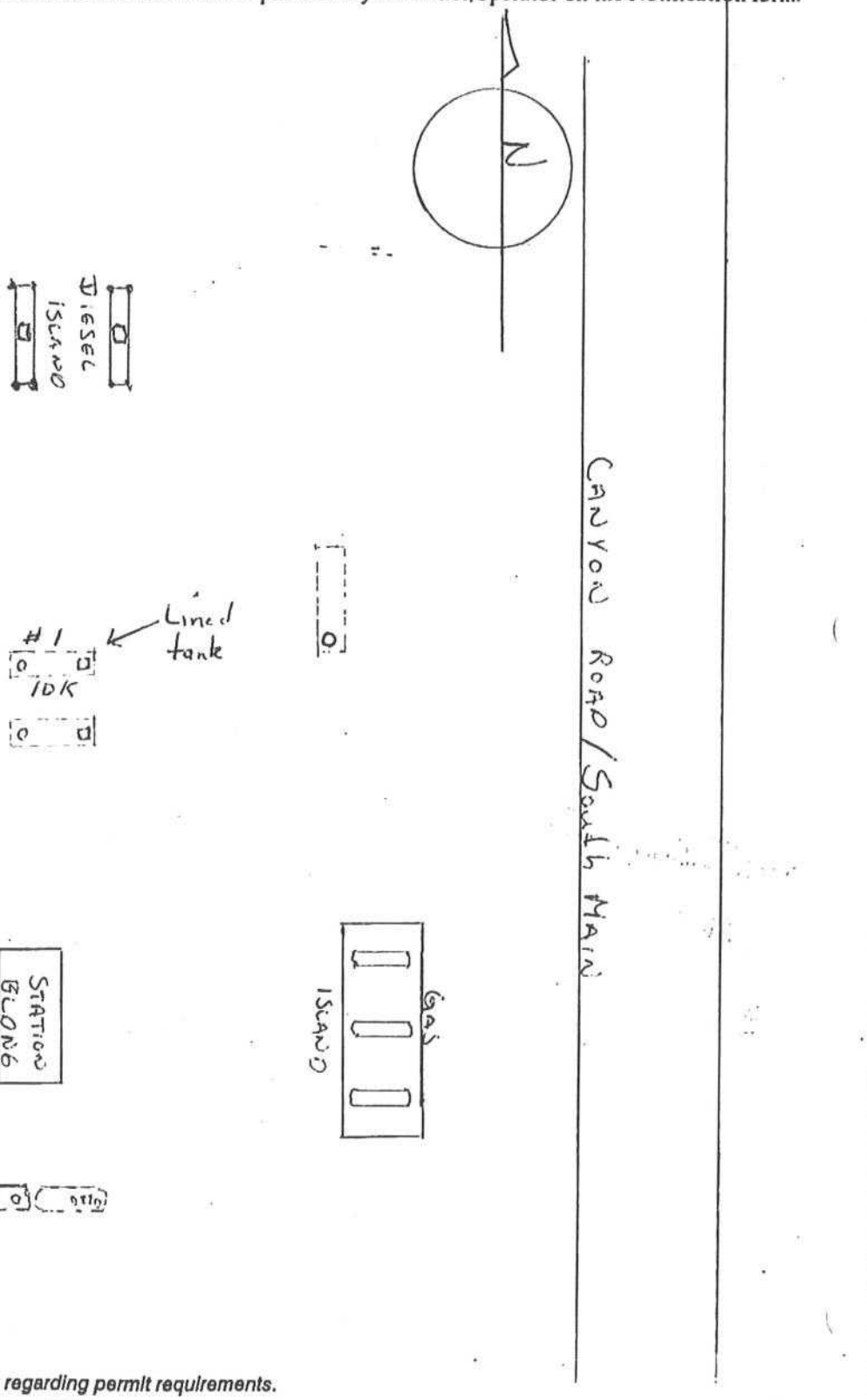
Hillsboro (City) OR (State) P.O. Box 97124 (ZIP-Code)

Telephone: (503) 648-7212

Licensed Supervisor: F.W. Raycraft Installation/Retrofitting License Number: W000725

3. AS-BUILT SITE PLAN

An as-built site plan of the retrofitted or repaired UST system(s) at this site must be shown in the space provided below Indicate locations of items retrofitted or repaired. Show North arrow and nearest street(s). Indicate tank ID number for each tank shown. The tank ID should be the number provided by the owner/operator on the Notification form.



Always contact local authorities regarding permit requirements.

Page 3 and 4 of this checklist must be completed separately for each UST system (tank and associated piping) retrofitted or repaired at the site. For more than one UST system you may photocopy this form prior to completing.

4. UST SYSTEM INFORMATION

1. Tank ID number (as registered with Ecology): 1 2. Year installed: 1976

3. Tank capacity in gallons: 10,000

4. Tank material:
   - ✓ steel
   - ___ fiberglass reinforced plastic (FRP)
   - ___ composite
   - ___ other (specify) _____

5. Tank construction:
   - ✓ single wall
   - ___ double wall
   - ___ partitioned

5. RETROFITTING/REPAIR INFORMATION

1. Reason for retrofitting UST system (indicate all that apply):
   - ✓ To comply with upgrading requirements for existing UST systems
   - ___ To repair structural defect(s) in tank
   - ___ Preventive maintenance
   - ___ To comply with corrective action requirements
   - ___ Other (describe) _____

2. Type of retrofitting (indicate all that apply):
   - ✓ Installation of internal lining
     - ☐ rubber ☐ alkyd ☑ epoxy ☐ phenolic ☐ glass ☐ other (specify)_____
   - ___ Installation of spill and overfill prevention equipment
     - ☐ catchment basin ☐ auto shutoff ☐ overfill alarm ☐ ball float valve ☐ other (specify)_____
   - ___ Installation of release detection equipment
     - ☐ automatic tank gauge ☐ vapor monitoring equipment ☐ groundwater monitoring equipment
     - ☐ interstitial monitoring within secondary barrier ☐ interstitial monitoring within double wall
     - ☐ automatic line leak detector ☐ other (describe) _____
   - ___ Repair or replacement of release detection equipment
     - ☐ automatic tank gauge ☐ vapor monitoring equipment ☐ groundwater monitoring equipment
     - ☐ interstitial monitoring within secondary barrier ☐ interstitial monitoring within double wall
     - ☐ automatic line leak detector ☐ other (describe)
   - ___ Tank repair (describe) _____
   - ___ Replacement of metal pipe sections and fittings (indicate new piping material) _____
   - ___ Replacement of fiberglass pipe sections and fittings (indicate new piping material) _____
   - ___ Repair of fiberglass pipe sections and fittings
   - ___ Other (describe) _____

3. Date of completion of retrofit or repair(s) indicated above: 12.23.93

Page 3 and 4 of this checklist must be completed separately for each UST system (tank and associated piping) retrofitted or repaired at the site. For more than one UST system you may photocopy this form prior to completing.

Tank ID Number: 1

6. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Have all items checked above been installed, repaired or replaced per code and manufacturer's requirements and in accordance with federal and/or state regulations?	FWR.		
2. Has the owner/operator been provided with written documentation of the item(s) installed, repaired or replaced?	FWR.		

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed retrofitting/repair activities and to the best of my knowledge they have been conducted in compliance with all state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

12.23.93
Date

FW Raynolds
Signature of Licensed Supervisor

7. ADDITIONAL REQUIRED SIGNATURES

1-6-94
Date

Tank Liners, Inc. by Traci L Ulrich
Signature of Licensed Service Provider (firm) Owner or Authorized Representative

12.23.93
Date

Gurmit Singh Kaila
Signature of Tank Owner or Authorized Representative

Tom Boucher
1 July 94

I arrived at Big B Mini Mart, Canyon Rd in Ellensburg at approx 2^{00} and told Gary Burt, the attendant, that I was investigating possible spills or leaks at their facility. I told him that the two complaints were in the last few weeks and that they were anonymous. I introduced Jim Pearson of the Hazardous Waste Program. I looked at the tanks. The South diesel tank is within 6" of soil, and had a ring of discoloration around it - approx 1' radius. It has a spill bucket that was empty. The soil nearest it looked like fluid had flowed over it. Natural drainage is towards this spot off the pad. ~~No~~ I saw no dead plants or discoloration of soil. The North diesel tank had slight discoloration ring too around it 1' radius, with what seemed to broken spill protection, but no fluid had collected in the bucket. The other tanks were as noted in notes attached. I walked the perimeter with Jim and looked at the diesel pumps - I saw some small normal stains and oil stains. I saw 2 drums to N of office labelled "diesel sludge" and 2 drums behind office, unlabelled. Their tops were sealed. ~~Then~~ I went to office, told Gary I didn't see evidence of spill. Jim Pearson told him that he'd write a letter saying what laws apply to the waste drums. We left at 2^{25}. These notes were written immediately afterwards.

4^{35} 1 July 94

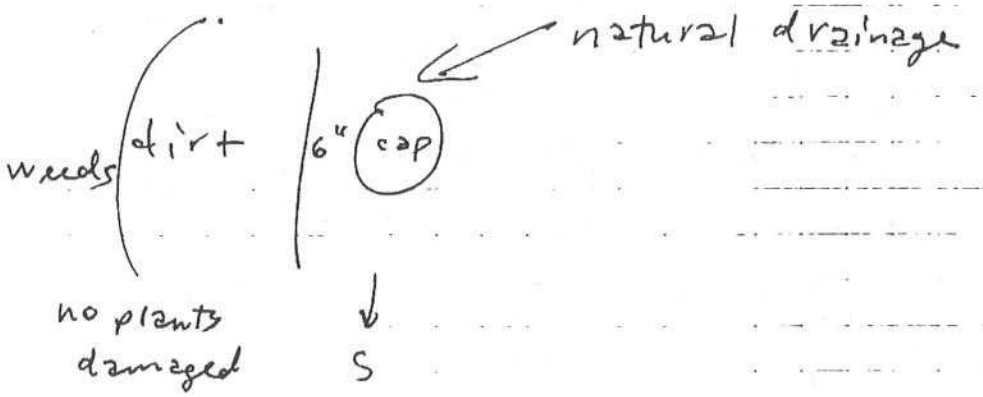
John Wietfeld, UST, says soil would be discolored by diesel spill.

Tom Boucher
1 July 94

Diesel tank - S - ~~spill protection~~, spill-bucket
~~overfill bucket~~
- 1' diam discoloring, soil

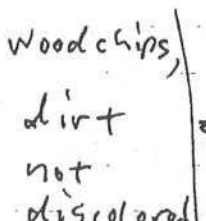
Blue cap - prem - S - overfill protection
spill bucket

within 6" of concrete



Unlead yellow - N - broken spill protection
- overfill protection
- no discoloring around fill on apron pad

diesel - N -



7' → 0 slight discoloring 1' ~~diam~~ radius

broken spill protection?

1 July 94

leaded

broken ~~over~~ spill protection
overfill protection?
no discoloring around fill, on pad

Gary Burt

UNDERGROUND STORAGE TANK
Tightness Testing Checklist

CRC

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a **Licensed Tightness Testing Supervisor.** The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a **Service Provider.**

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173-360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing.

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANK

AUG 10 1992

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: SINGH & KAILA BIG B MINI MART

Owners Address: 1611 CANYON RD. (Street) P.O. Box

ELLENSBURG (City) WA (State) 98926 (ZIP-Code)

Telephone: (509) 925-5721

Site ID Number (on invoice or available from Ecology if tank is registered): 010589

Site/Business Name: Big B's Mini Mart

Site Address: 1611 Canyon Road (Street) Kittitas (County)

Ellensburg (City) WA (State) 98926 (ZIP-Code)

2. TIGHTNESS TESTING PERFORMED BY:

Firm: CBC Enviro Engineering License Number: S00302

Address: 1707 South 4490 West (Street) P.O. Box 30777 (P.O. Box)

Salt Lake City (City) UT (State) 84130 (ZIP-Code)

Telephone: (801) 972-3333

Licensed Supervisor: Roger J. Brown Tightness Testing License Number: W001278

This page must be completed separately for each tank and associated piping located at the site. For additional tanks you may photocopy this form prior to completing.

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 1
2. Date installed: 6/6/75
3. Tank capacity in gallons: 10,000
4. Last substance stored: Diesel
5. Reason for conducting tightness test:
   - [X] To comply with leak detection requirements in UST rules
   - [ ] System test to investigate suspected release
   - [ ] Other (describe) _____
6. Date tightness test was conducted: 7/8/92
7. Type of test conducted: Tank tightness test [X] Line tightness test [X]
8. Tightness testing method used:
   - Test method name: IBEX System
   - Test method manufacturer: IBEX Industries
   - Volumetric [X] Non-volumetric [ ]
   - If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity _____ %

4. CHECKLIST

The following items shall be initialed by the **licensed supervisor** whose signature appears below.

	Yes	No	NA*
1. Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?			
2. Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?			
3. Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?			
4. Do the test results indicate that a leak exists in either the tank or piping system? If "yes" test results indicate that the leak is located in the: Tank [ ] Piping system [ ] If known, indicate leak rate: _____			
5. If Item No. 4 is checked "yes" has the owner/operator been notifed of the test results? *NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.*			

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

7-14-92 — Date

Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

7-14-92 — Date

Signature of Licensed Service Provider (firm) Owner or Authorized Representative

Date

Signature of Tank Owner or Authorized Representative

UNDERGROUND STORAGE TANK
Tightness Testing Checklist

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a **Licensed Tightness Testing Supervisor.** The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a **Service Provider.**

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173-360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

AUG 10 1992

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: SINGH & KAILA BIG B MINI MART

Owners Address: 1611 CANYON RD. (Street) (P.O. Box)

ELLENSBURG (City) WA (State) 98926 (ZIP-Code)

Telephone: (509) 925-5721

Site ID Number (on invoice or available from Ecology if tank is registered): 01 0589

Site/Business Name: Big B's Mini Mart

Site Address: 1611 Canyon Road (Street) Kittitas (County)

Ellensburg (City) WA (State) 98926 (ZIP-Code)

2. TIGHTNESS TESTING PERFORMED BY:

Firm: CBC Enviro Engineering License Number: S00302

Address: 1707 South 4490 West (Street) P.O. Box 30777 (P.O. Box)

Salt Lake City (City) UT (State) 84130 (ZIP-Code)

Telephone: (801) 972-3333

Licensed Supervisor: Roger J. Brown Tightness Testing License Number: W001278

This page must be completed separately for each tank and associated piping tested at the site. For additional tanks you may photocopy this form prior to completing.

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 2
2. Date installed: 6/6/75
3. Tank capacity in gallons: 10,000
4. Last substance stored: Unleaded
5. Reason for conducting tightness test:
   - [X] To comply with leak detection requirements in UST rules
   - [ ] System test to investigate suspected release
   - [ ] Other (describe) _____
6. Date tightness test was conducted: 7/8/92
7. Type of test conducted: Tank tightness test [X] Line tightness test [X]
8. Tightness testing method used:
   - Test method name: IBEX System
   - Test method manufacturer: IBEX Industries
   - Volumetric [X] Non-volumetric [ ]
   - If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity _____ %

4. CHECKLIST

The following items shall be initialed by the **licensed supervisor** whose signature appears below.

	Yes	No	NA*
1. Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?			
2. Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?			
3. Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?			
4. Do the test results indicate that a leak exists in either the tank or piping system? If "yes" test results indicate that the leak is located in the: Tank [ ] Piping system [ ] If known, indicate leak rate: _____			
5. If Item No. 4 is checked "yes" has the owner/operator been notifed of the test results? *NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.*			

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

7.14.92 — Date

Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

7-14-92 — Date

Signature of Licensed Service Provider (firm) Owner or Authorized Representative

7/20/92 — Date

Signature of Tank Owner or Authorized Representative

UNDERGROUND STORAGE TANK
Tightness Testing Checklist

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a **Licensed Tightness Testing Supervisor.** The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a **Service Provider.**

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173-360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

AUG 10 1992

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: SINGH & KAILA Big B Mini MART

Owners Address: 1611 CANYON ROAD (Street) (P.O. Box)

ELLENSBURG (City) WA (State) 98926 (ZIP-Code)

Telephone: (509) 925-5721

Site ID Number (on invoice or available from Ecology if tank is registered): 010589

Site/Business Name: Big B's Mini Mart

Site Address: 1611 Canyon Road (Street) Kittitas (County)

Ellensburg (City) WA (State) 98926 (ZIP-Code)

2. TIGHTNESS TESTING PERFORMED BY:

Firm: CBC Enviro Engineering License Number: S00302

Address: 1707 South 4490 West (Street) P.O. Box 30777 (P.O. Box)

Salt Lake City (City) UT (State) 84130 (ZIP-Code)

Telephone: (801) 972-3333

Licensed Supervisor: Roger J. Brown Tightness Testing License Number: W001278

This page must be completed separately for each tank and associated piping located at the site. For additional tanks you may photocopy this form prior to completing.

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 3
2. Date installed: 6/6/82
3. Tank capacity in gallons: 4,000
4. Last substance stored: Regular
5. Reason for conducting tightness test:
   - [X] To comply with leak detection requirements in UST rules
   - [ ] System test to investigate suspected release
   - [ ] Other (describe) _____
6. Date tightness test was conducted: 7/8/92
7. Type of test conducted: Tank tightness test [X] Line tightness test [X]
8. Tightness testing method used:
   - Test method name: IBEX System
   - Test method manufacturer: IBEX Industries
   - Volumetric [X] Non-volumetric [ ]
   - If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity _____ %

4. CHECKLIST

The following items shall be initialed by the **licensed supervisor** whose signature appears below.

	Yes	No	NA*
1. Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?			
2. Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?			
3. Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?			
4. Do the test results indicate that a leak exists in either the tank or piping system? If "yes" test results indicate that the leak is located in the: Tank [ ] Piping system [ ] If known, indicate leak rate: _____			
5. If Item No. 4 is checked "yes" has the owner/operator been notifed of the test results? *NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.*			

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

7-14-92 — Date

Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

7-14-92 — Date

Signature of Licensed Service Provider (firm) Owner or Authorized Representative

7/20/92 — Date

Signature of Tank Owner or Authorized Representative

UNDERGROUND STORAGE TANK
Retrofitting/Repair Checklist

RECEIVED MAY 14 19[illegible] DEPARTMENT OF ECOLOGY CENTRAL REGION OFFICE

010589 W000873

The purpose of this form is to certify the proper retrofitting and/or repair of underground storage tank (UST) systems. These activities shall be conducted in accordance with Chapter 173.360 WAC.) It will also be used to record any changes to information previously provided on the Notification form (ECY 020-32) for the specific UST system(s) resulting from the retrofit/repair described below.

Retrofitting and/or repair of cathodic protection systems shall be separately certified by a licensed Cathodic Protection Supervisor on the Cathodic Protection Checklist. All required tank and line tightness testing upon completion of the rerofit/repair shall be separately ceartified by a licensed tightness testing supervisor on the Tightness Testing Checklist.

This Retrofitting Checklist shall be completed and signed by a Licensed Installation and Retrofitting Supervisor. The licensed supervisor shall be on site when all retrofitting/repair activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider. If any of the activities listed below have been supervised by a different licensed supervisor, a separate checklist shall be filled out and signed by the licensed supervisor performing those activities.

For further information about completing this form please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) where retrofitting/repair activities are conducted, except that UST systems retrofitted or repaired at one site may be reported together by completing pages 3 and 4 of this form separately for each UST system. The completed checklist should be mailed to the following address within 30 days of completion of retrofit/repair:

Underground Storage Tank Section, Department of Ecology, Mail Stop PV-11, Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: BIG B MINI MART. (GURMIT S. KAILA)

Owners Address: 1611 CANYON RD (Street) (P.O. Box)

ELLENSBURG (City) WA (State) [illegible] (ZIP Code)

Telephone: (509) 925-5721

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS
RECEIVED
2 APR 30 1993

Site ID Number (on Invoice or available from Ecology if tank is registered): 010589 — 2

Site/Business Name: EXXON Big B MINI MART

Site Address: 1611 CANYON RD (Street) Kittitas (County)

ELLENSBURG (City) WA (State) 98926 (ZIP Code)

2. TANK RETROFITTING/REPAIR PERFORMED BY:

Firm: Tank Liners, Inc. License Number: 5000054

Address: 3410 N.W. 264th (Street)

Hillsboro (City) OR (State) 97124 (P.O. Box / ZIP Code)

Telephone: (503) 648-7212

Licensed Supervisor: Wiley M Tretwell Installation/Retrofitting License Number: W002125

ECY 010-160 (12/90)

3. AS-BUILT SITE PLAN

An as-built site plan of the retrofitted or repaired UST system(s) at this site must be shown in the space provided below. Indicate locations of items retrofitted or repaired. Show North arrow and nearest street(s). Indicate tank ID number for each tank shown. The tank ID should be the number provided by the owner/operator on the Notification form.

Always contact local authorities regarding permit requirements.

Page 3 and 4 of this checklist must be completed separately for each UST system (tank and associated piping) retrofitted or repaired at the site. For more than one UST system you may photocopy this form prior to completing.

4. UST SYSTEM INFORMATION

1. Tank ID number (as registered with Ecology): 010589 - 2
2. Year installed: _____

3. Tank capacity in gallons: 10K.

4. Tank material:
   - ✓ steel
   - ___ fiberglass reinforced plastic (FRP)
   - ___ composite
   - ___ other (specify) _____

5. Tank construction:
   - ✓ single wall
   - ___ double wall
   - ___ partitioned

5. RETROFITTING/REPAIR INFORMATION

1. Reason for retrofitting UST system (indicate all that apply):
   - ✓ To comply with upgrading requirements for existing UST systems
   - ___ To repair structural defect(s) in tank
   - ___ Preventive maintenance
   - ___ To comply with corrective action requirements
   - ___ Other (describe) _____

2. Type of retrofitting (indicate all that apply):
   - ___ Installation of internal lining
     ☐ rubber ☐ alkyd ☑ epoxy ☐ phenolic ☐ glass ☐ other (specify)_____
   - ___ Installation of spill and overfill prevention equipment
     ☐ catchment basin ☐ auto shutoff ☐ overfill alarm ☐ ball float valve ☐ other (specify)_____
   - ___ Installation of release detection equipment
     ☐ automatic tank gauge ☐ vapor monitoring equipment ☐ groundwater monitoring equipment
     ☐ interstitial monitoring within secondary barrier ☐ interstitial monitoring within double wall
     ☐ automatic line leak detector ☐ other (describe) _____
   - ___ Repair or replacement of release detection equipment
     ☐ automatic tank gauge ☐ vapor monitoring equipment ☐ groundwater monitoring equipment
     ☐ interstitial monitoring within secondary barrier ☐ interstitial monitoring within double wall
     ☐ automatic line leak detector ☐ other (describe)
   - ___ Tank repair (describe) EPOXIE LINED
   - ___ Replacement of metal pipe sections and fittings (indicate new piping material) _____
   - ___ Replacement of fiberglass pipe sections and fittings (indicate new piping material)_____
   - ___ Repair of fiberglass pipe sections and fittings
   - ___ Other (describe) _____

3. Date of completion of retrofit or repair(s) indicated above: 4-20-930

Page 3 and 4 of this checklist m be completed separately for each UST stem (tank and associated piping) retrofitted or repaired at the site. For more than one UST system you may photocopy this form prior to completing.

Tank ID Number: 010 589 - #2

6. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Have all items checked above been installed, repaired or replaced per code and manufacturer's requirements and in accordance with federal and/or state regulations?	WMF		
2. Has the owner/operator been provided with written documentation of the item(s) installed, repaired or replaced?	WMF		

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed retrofitting/repair activities and to the best of my knowledge they have been conducted in compliance with all state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

4-20-93
Date

Wiley M Fretwell
Signature of Licensed Supervisor

7. ADDITIONAL REQUIRED SIGNATURES

4-26-93
Date

Tank Liners, Inc. by Traci L Ulrich
Signature of Licensed Service Provider (firm) Owner or Authorized Representative

4/21/93
Date

Signature of Tank Owner or Authorized Representative

UNDERGROUND STORAGE TANK
Tightness Testing Checklist

APR 1 1993

CRO

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a **Licensed Tightness Testing Supervisor.** The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a **Service Provider.**

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173-360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing.

AUG 10 1992

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: SINGH & KAILA BIG B MINI MART

Owners Address: 1611 CANYON RD. (Street) (P.O. Box)

ELLENSBURG (City) WA (State) 98926 (ZIP-Code)

Telephone: (509) 925-5721

Site ID Number (on invoice or available from Ecology if tank is registered): 010589

Site/Business Name: Big B's Mini Mart

Site Address: 1611 Canyon Road (Street) Kittitas (County)

Ellensburg (City) WA (State) 98926 (ZIP-Code)

2. TIGHTNESS TESTING PERFORMED BY:

Firm: CBC Enviro Engineering License Number: S00302

Address: 1707 South 4490 West (Street) P.O. Box 30777 (P.O. Box)

Salt Lake City (City) UT (State) 84130 (ZIP-Code)

Telephone: (801) 972-3333

Licensed Supervisor: Roger J. Brown Tightness Testing License Number: W001278

This page must be completed separately for each tank and associated piping located at the site. For additional tanks you may photocopy this form prior to completing.

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 1
2. Date installed: 6/6/75
3. Tank capacity in gallons: 10,000
4. Last substance stored: Diesel
5. Reason for conducting tightness test:
   - [X] To comply with leak detection requirements in UST rules
   - [ ] System test to investigate suspected release
   - [ ] Other (describe) _____
6. Date tightness test was conducted: 7/8/92
7. Type of test conducted: Tank tightness test [X] Line tightness test [X]
8. Tightness testing method used:
   - Test method name: IBEX System
   - Test method manufacturer: IBEX Industries
   - Volumetric [X] Non-volumetric [ ]
   - If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity _____ %

4. CHECKLIST

The following items shall be initialed by the **licensed supervisor** whose signature appears below.

	Yes	No	NA*
1. Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?			
2. Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?			
3. Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?			
4. Do the test results indicate that a leak exists in either the tank or piping system? If "yes" test results indicate that the leak is located in the: Tank [ ] Piping system [ ] If known, indicate leak rate: _____			
5. If Item No. 4 is checked "yes" has the owner/operator been notifed of the test results? *NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.*			

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

1-14-92
Date

Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

1-14-92
Date

Signature of Licensed Service Provider (firm) Owner or Authorized Representative

Date

Signature of Tank Owner or Authorized Representative

UNDERGROUND STORAGE TANK
Tightness Testing Checklist

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a **Licensed Tightness Testing Supervisor.** The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a **Service Provider.**

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173-360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

AUG 10 1992

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: SINGH & KAILA BIG B MINI MART

Owners Address: 1611 CANYON RD. (Street) (P.O. Box)

ELLENSBURG (City) WA (State) 98926 (ZIP-Code)

Telephone: (509) 925-5721

Site ID Number (on invoice or available from Ecology if tank is registered): 01 0589

Site/Business Name: Big B's Mini Mart

Site Address: 1611 Canyon Road (Street) Kittitas (County)

Ellensburg (City) WA (State) 98926 (ZIP-Code)

2. TIGHTNESS TESTING PERFORMED BY:

Firm: CBC Enviro Engineering License Number: S00302

Address: 1707 South 4490 West (Street) P.O. Box 30777 (P.O. Box)

Salt Lake City (City) UT (State) 84130 (ZIP-Code)

Telephone: (801) 972-3333

Licensed Supervisor: Roger J. Brown Tightness Testing License Number: W001278

This page must be completed separately for each tank and associated piping located at the site. For additional tanks you may photocopy this form prior to completing.

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 2
2. Date installed: 6/6/75
3. Tank capacity in gallons: 10,000
4. Last substance stored: Unleaded
5. Reason for conducting tightness test:
   - [X] To comply with leak detection requirements in UST rules
   - [ ] System test to investigate suspected release
   - [ ] Other (describe) _____
6. Date tightness test was conducted: 7/8/92
7. Type of test conducted: Tank tightness test [X] Line tightness test [X]
8. Tightness testing method used:
   - Test method name: IBEX System
   - Test method manufacturer: IBEX Industries
   - Volumetric [X] Non-volumetric [ ]
   - If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity _____ %

4. CHECKLIST

The following items shall be initialed by the **licensed supervisor** whose signature appears below.

	Yes	No	NA*
1. Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?			
2. Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?			
3. Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?			
4. Do the test results indicate that a leak exists in either the tank or piping system? If "yes" test results indicate that the leak is located in the: Tank [ ] Piping system [ ] If known, indicate leak rate: _____			
5. If Item No. 4 is checked "yes" has the owner/operator been notifed of the test results? *NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.*			

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

7-14-92 — Date

Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

7-14-92 — Date

Signature of Licensed Service Provider (firm) Owner or Authorized Representative

7/20/92 — Date

Signature of Tank Owner or Authorized Representative

UNDERGROUND STORAGE TANK
Tightness Testing Checklist

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a **Licensed Tightness Testing Supervisor.** The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a **Service Provider.**

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173-360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

AUG 10 1992

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: SINGH & KAILA Big B Mini MART

Owners Address: 1611 CANYON ROAD (Street) (P.O. Box)

ELLENSBURG (City) WA (State) 98926 (ZIP-Code)

Telephone: (509) 925-5721

Site ID Number (on invoice or available from Ecology if tank is registered): 010589

Site/Business Name: Big B's Mini Mart

Site Address: 1611 Canyon Road (Street) Kittitas (County)

Ellensburg (City) WA (State) 98926 (ZIP-Code)

2. TIGHTNESS TESTING PERFORMED BY:

Firm: CBC Enviro Engineering License Number: S00302

Address: 1707 South 4490 West (Street) P.O. Box 30777 (P.O. Box)

Salt Lake City (City) UT (State) 84130 (ZIP-Code)

Telephone: (801) 972-3333

Licensed Supervisor: Roger J. Brown Tightness Testing License Number: W001278

This page must be completed separately for each tank and associated piping located at the site. For additional tanks you may photocopy this form prior to completing.

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 3
2. Date installed: 6/6/82
3. Tank capacity in gallons: 4,000
4. Last substance stored: Regular
5. Reason for conducting tightness test:
   - X To comply with leak detection requirements in UST rules
   - ____ System test to investigate suspected release
   - ____ Other (describe) ____
6. Date tightness test was conducted: 7/8/92
7. Type of test conducted: Tank tightness test [X] Line tightness test [X]
8. Tightness testing method used:
   - Test method name: IBEX System
   - Test method manufacturer: IBEX Industries
   - Volumetric [X] Non-volumetric [ ]
   - If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity ____ %

4. CHECKLIST

The following items shall be initialed by the **licensed supervisor** whose signature appears below.

	Yes	No	NA*
1. Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?			
2. Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?			
3. Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?			
4. Do the test results indicate that a leak exists in either the tank or piping system? If "yes" test results indicate that the leak is located in the: Tank [ ] Piping system [ ] If known, indicate leak rate: ____			
5. If Item No. 4 is checked "yes" has the owner/operator been notifed of the test results? *NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.*			

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

7-14-92 (Date) — Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

7-14-92 (Date) — Signature of Licensed Service Provider (firm) Owner or Authorized Representative

7/20/92 (Date) — Signature of Tank Owner or Authorized Representative

CRO

For Ecology Use Only

JUN - 7 1991

UNDERGROUND STORAGE TANK
Notice of Intent to Install

The purpose of this form is to provide the Department of Ecology with notice of intent to install an UST. It must be received at least 30 days prior to the installation. It must be signed and dated by either the owner/operator of the UST to be installed or his/her authorized representative (this could be the firm contracted to do the work).

A **Notification Form** (ECY 020-32) and **Installation Checklist** (ECY 010-156) will be sent in response to this notice, and must be completed and submitted by the owner/operator and tank services provider, respectively, within 30 days of bringing the installed tanks into service.

For questions on completing this form please call (206) 493-9225.

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS
RECEIVED
MAY 24 1991

Please type or use ink.

The completed checklist should be mailed to:

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. TANK OWNER AND LOCATION

UST Owner/Operator: BIG B MINI MART

Owners Mailing Address: ~~1611~~ 1611 CANYON RD. (Street) P.O. Box

ELLENSBURG (City) WA (State) 98926 (ZIP-Code)

Telephone: (509) 925-5721

Site ID Number (on invoice or available from Ecology if other tanks at this site are registered): 010589

(Replacement tanks will retain the original site number)

Site/Business Name: SAME ABOVE

Site Address: (Street)

(County)

(City) (State) (ZIP-Code)

2. TANK INSTALLATION TO BE PERFORMED BY (If known):

Firm: APPLELAND PUMP & EQUIPMENT License Number:

Address: 380 E PENNY RD (Street) 3011 (P.O. Box)

WENATCHEE (City) WA (State) 98807 (ZIP-Code)

Telephone: ( ) Contact Name: JIM GAMBLE

3. INSTALLATION INFORMAT.

Please indicate (as much as is known at this time) your plans for the installation of these tanks:

ID Number Owner Will Use	Capacity of Tank (gallons)	Type of Tank (steel, FRP)	Cathodic Protection Type*	Substance to be Stored	Date of Intended Use
4, DIESEL	8000	Steel	STI P3 (CPM)	DIESEL	NOV 8, 90
5, SUPERUNLEADED	4000	steel	STI P3 (CPM)	Superunleaded	NOV 8, 90

*Not required for fiberglass reinforced plastic (FRP) tanks.

If any of the tanks are replacement tanks for previously registered tanks, please give the ID number of the old tank and indicate (by a different ID number) the tank replacing it:

NOTE:- TANK ID NO. 4 & 5 are two Compartments of one TANK. which has been INSTALLED ON NOV. 8. 90.

4. SIGNATURE OF TANK OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE:

I hereby certify that the USTs to be installed at this site, and the installation process, will meet all of the requirements of Chapter 173-360 WAC.

Signature	Title	Date
[signature]	PARTNER	5/17/91

☐ Please send me the Information Packet for Tank Owners.

Note: It is anticipated that during 1991 additional air pollution regulation of gasoline vapor will become effective. If you have not been contacted regarding these new requirements before completing your plans to install or upgrade gasoline storage tanks you should call John Raymond with the Department of Ecology Air Quality Program at (206) 459-6261.

VII. CERTIFICATION OF COMPLIANCE

(Complete for all new tanks at this location; use a separate sheet if information differs for different tanks.)

OWNER NAME (from Section I) BIG B MINI MART

LOCATION (from Section III) 1611 CANYON RD.

ELLENSBURG, WA 98926

509 - 925- 5721

The information requested in items "o" and "p" below duplicate information requested in items "f" and "g" of the form. This is necessary to ensure consistency with federal rules; PLEASE COMPLETE ALL FOUR items. This duplication will be eliminated when the state form is revised.

o. Release Detection (circle all letters that apply):

(A) Manual tank gauging.
(B) Tank tightness testing with inventory controls.
C. Automatic tank gauging.
D. Vapor monitoring.
E. Ground-water monitoring.
F. Interstitial monitoring within a secondary barrier.
G. Interstitial monitoring within secondary containment.
(H) Automatic line leak detectors.
(I) Line tightness testing.
J. Another method. Please specify: _____

p. Corrosion Protection (if applicable, circle all letters that apply):

(A) Coated steel tanks with cathodic protection.
(B) Coated steel piping with cathodic protection.
C. Another method. Please specify: _____

q. Installation was completed by a licensed tank services provider?

(A) Yes
B. No

r. I have financial responsibility in accordance with federal requirements (check compliance dates to determine when this is necessary). Please specify:

Method: APLIED FOR INSURENCE

Insurer: _____

Policy Number: APLIED FOR

UNDERGROUND STORAGE TANK
Installation Checklist

The purpose of this form is to certify the proper installation of underground storage tank (UST) systems. Installation shall be in accordance with Chapter 173.360 WAC. Washington State UST rules also require submittal of a Notification form (ECY 020-32) within 30 days of bringing any newly installed UST system into use.

This Installation Checklist shall be completed and signed by a **Licensed Installation and Retrofitting Supervisor.** The licensed supervisor shall be on site when all tank installation activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a **Service Provider.** If any of the activities in section 4 have been supervised by a different licensed supervisor, a separate checklist must be filled out and signed by the licensed supervisor performing those activities.

All required tank and line tightness testing during and upon completion of UST system installation shall be separately certified by a licensed tightness testing supervisor on the Tightness Testing Checklist. All required installation and testing of cathodic protection systems upon completion of UST system installation shall be separately certified by a licensed cathodic protection supervisor on the Cathodic Protection Checklist. If the tank is pre-engineered for cathodic protection a corrosion expert is still required to design the field installation of any piping corrosion protection.

For further information about completing this form, please contact the Department of Ecology UST Program.

The completed checklist should be mailed to the following address within 30 days after completing the installation:

Underground Storage Tank Section, Department of Ecology, Mail Stop PV-11, Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/~~Operator~~: BALBIR SINGH & GURMIT S. KAILA (BIG B MINI MART)

Owners Address: 1611 CANYON RD. (Street) (P.O. Box)

ELLENSBURG (City) WA (State) 98926 (ZIP-Code)

Telephone: (509) 925- 5721

Site ID Number (on invoice or available from Ecology if other tanks have been registered at this site): 010589

Site/Business Name: BIG B MINI MART

Site Address: 1611 CANYON RD. (Street) KITTITAS (County)

ELLENSBURG (City) WA (State) 98926 (ZIP-Code)

2. TANK INSTALLATION PERFORMED BY:

Firm: APPLELAND Pump & Equipment License Number:

Address: (Street) (P.O. Box)

WENATCHEE (City) WA (State) 98801 (ZIP-Code)

Telephone: ( )

Licensed Supervisor: JIM GAMMLE Installation/Retrofitting License Number:

3. AS-BUILT SITE PLAN

An as-built site plan of the tank and piping system installation must be shown in the space provided below. Show North arrow and nearest street(s). Indicate tank and piping dimensions and distances to adjacent structures and property lines. Show the location and configuration of the completed installation. Show adjacent structures. Indicate tank ID number for each tank shown. The tank ID should be the same tank ID number provided by the owner/operator on the Notification form.

Date installation was completed: Nov. 8, 1990

Always contact local authorities regarding permit requirements.